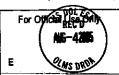
u.s. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5399	2. Fiscal Year Covered From:
	7. / 2004 Through: 12 / 3/ 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Barbara Markay	Name Professiona Musicians
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 817 Vine St.
Street 1240 Brockton Ave.	Street Street
Chy Los Angeles	City Holitywood
State California ZIP Code + 4 90025	State california ZIP Code + 4 90038
5. Position in labor organization. business rep	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests	
(except as specified in the exclusions set forth in the instructions):	
A. Heid an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any). Name Professional Musicians	own bublishing company
Name Professional Musicians	own publishing company \$35:00 annual income
Name Professional Musicians Trade Name, If any: the musicians union	own bublishing company
Name Professional Musicians Trade Name, If any: the musicians union P.O. Box, Bldg., Room No., if any	own publishing company \$35:00 annual income
Name Professional Musicians Trade Name, If any: the musicians union P.O. Box, Bldg., Room No., if any Street 817 Vine St.	own publishing company \$35.00 annual income 7.b. Amount
Name Professional Musicians Trade Name, If any: the musicians union P.O. Box, Bldg., Room No., if any Street 817 Vine St. City Los Angeles State California ZIP Code +4 90038	own publishing company \$35.00 annual income 7.b. Amount
Name Professional Musicians Trade Name, If any: the musicians union P.O. Box, Bldg., Room No., if any Street 817 Vine St. City Los Angeles State California ZIP Code + 4 90038 Signature and verification. The undersigned declares, under penalty of	ewn publishing company \$35.00 annual income 7.b. Amount. \$35.00 \$35.00 Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the
Name Professional Musicians Trade Name, If any: the musicians union P.O. Box, Bldg., Room No., if any Street 817 Vine St. City Los Angeles State California ZIP Code + 4 90038 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Barbara Markay	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Professional Musicians		
Trade Name, if any: the musicians union	✓ a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer	
Street 817 Vine St	Est de Employer	
chy Hollywood		
State california ZIP Code + 4 90038		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	publishing company annual income is \$35.00	
	12.b. Amount. \$35,00	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(Including trade name, if any).		
Name professional musicians local 4	publishing royalties	
Trade Name, if any: the musicians union		
P.O. Box, Bldg., Room No., if any		
Street 817 vine st.		
City hollywood		
State california ZIP Code + 4 90038		
13.b. Is the Business an Employer 🔀 or Consultant ?	14.b. Amount of payment.	